

Town of Warwick Wickham Woodland Manor Room Application

Town of Warwick
132 Kings Highway, Warwick, NY 10990
(845) 986-1124 Ext. 248 Fax (845) 987-1499

Permission is hereby issued to: _____

Date of Event _____ Time: From: _____ To: _____

FEE:

A fee of \$150.00/occasion is required

A fee of \$300.00 deposit is required in addition to the above fees and if grounds are restored to proper condition, the \$300.00 deposit will be refunded, if applied for within 30 days following the event.

Estimated Number of Participants _____

Address _____

Phone # (____) _____

Nature of Activity _____

Describe Method of Supervision _____

Proof of Residency: _____

FEES: \$ _____

PLUS DEPOSIT: \$300.00

TOTAL RECEIVED: \$ _____

Date Fees Received: _____ Permit Issued by: _____

Proof of Insurance: Liquor: _____ Liability: _____

IF THIS APPLICATION IS APPROVED, THE FOLLOWING REGULATIONS APPLY:

- 1) Room must be cleaned & left in the same condition before leaving. All parties must end no later than 12:00 AM (Midnight)
- 2) Any damage to Town facilities shall be promptly repaired at the user's expense. No exceptions. If Town personnel are not available, make sure all doors are locked and lights are turned out when leaving.
- 3) Adult supervision must be provided at all times.
- 4) The Town Board requires insurance protection. A certificate showing evidence of insurance naming the Town of Warwick as "Additional Insured" and "Certificate Holder" **MUST BE MADE AVAILABLE PRIOR TO USE OF THE TOWN FACILITY. REQUIRED AMOUNT OF INSURANCE IS ONE MILLION DOLLARS.**
- 5) The Town will assume **NO** responsibility for any properties left in facility by the applicant.
- 6) Key **MUST** be returned to **POLICE DEPARTMENT DISPATCHER IMMEDIATELY** following event.
- 7) If the key is lost you or your group will incur the costs of having the locks replaced.
- 8) All fees **MUST** be paid **PRIOR** to use (if applicable)
- 9) If **ANY** alcoholic beverages are being consumed, the Town Board requires insurance protection. A certificate of liquor liability showing evidence of insurance naming the Town of Warwick as "Additional Insured" and "Certificate Holder" **MUST BE MADE AVAILABLE PRIOR TO USE OF THE TOWN FACILITY. REQUIRED AMOUNT OF INSURANCE IS ONE MILLION DOLLARS.**
- 10) Person signing the permit must be a Town of Warwick resident and is responsible for the club, team or group to which this permit is issued.
- 11) There will be a charge for excessive amounts of garbage that may be generated from events such as Bar-B-Ques. Applicants are urged to bring extra plastic garbage bags to facilitate clean-up.
- 12) **PLEASE RECYCLE** – All Recyclable items **MUST** be rinsed and placed in containers provided. (All Glass, Plastics #1 & #2 ONLY, Aluminum Cans, Tin Cans-remove labels)
- 13) Any organization with youths under 18 years old requires the presence of adequate adult supervision at all times.
- 14) The emergency telephone number for police, fire and ambulance is 986-5000 or 911.

"THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ, FULLY UNDERSTANDS, AND AGREES TO ABIDE WITH ALL THE CONDITIONS AS SET FORTH FOR THE USE OF THE WICKHAM WOODLAND MANOR."

Date _____

Signature of Representative _____

*Updated 1-9-2018

Hold Harmless Agreement

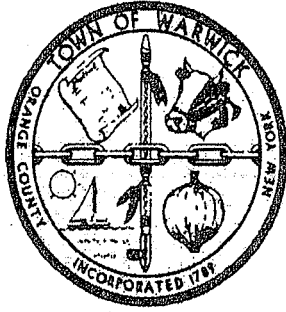
1. In consideration for receiving permission to utilize town property, I hereby release, wave, discharge and covenant not to sue the Town of Warwick, their officers, agents, servants, or employees (here after referred to as releases) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or any of the property belonging to me, whether caused by the negligence of the releases, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the risks involved and hazards connected with private activities included in public venues, and hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the releases or otherwise.
3. I further hereby agree to indemnify and hold harmless the releases for any loss, liability, damage or cost, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by the negligence of the releases or otherwise.
4. I understand that the Town of Warwick does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that event. As such, I am aware that I should review my personal insurance portfolio.
5. It is my express intent that this waiver of liability and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above named releases. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the State of New York.
6. In signing this release, I acknowledge and represent that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed, no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

In witness thereof, I have hereunto set my hand and seal on this day of

Witness

Applicant

TOWN OF WARWICK



EILEEN ASTORINO
TOWN CLERK
132 Kings Highway
Warwick, New York 10990
Tel: (845) 986-1124, ext. 248
Fax: (845) 987-1499

Carolyn Purta, Deputy Town Clerk
Melissa Stevens, Registrar & Deputy Town Clerk

Request to Serve Alcoholic Beverages

NAME: _____

PERMIT#: _____

DATE OF EVENT: _____

LOCATION OF EVENT: _____

- Request must be submitted within 10 days prior the date of the event

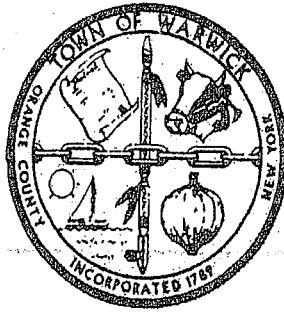
OFFICE USE ONLY:

Received by & Date

Town Board Approval

Date Approved

TOWN OF WARWICK



EILEEN M. ASTORINO
TOWN CLERK
132 Kings Highway
Warwick, New York 10990
Tel: (845) 986-1124, ext. 246

Melissa Stevens, Registrar & Deputy Town Clerk
Carolyn Purta, Deputy Town Clerk
Fax: (845) 987-1499

RETURN DEPOSIT REQUEST

NAME: _____

PERMIT#: _____

DEPOSIT FEE: _____

DATE OF EVENT: _____

LOCATION OF EVENT: _____

- Request must be submitted within 30 days from the date of the event

OFFICE USE ONLY:

RECEIVED BY

DATE

REFUND CHECK #



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Name of Insurance Company Address Phone Number	CONTACT NAME:	
	PHONE (A/C, No, Ext): (888) 661-3938	FAX (A/C, No): (888) 872-8921
	E-MAIL ADDRESS: Service.center@travelers.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT	
INSURED Name of Group Requesting Address Phone Number	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 586100856321242

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		660-422P2709-16	10/08/2016	10/08/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Example

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 AS RESPECTS TO GENERAL LIABILITY, CERTIFICATE HOLDER IS ADDITIONAL INSURED - MANAGER OR LESSOR OF PREMISES CG 20 11 FOR FOLLOWING LOCATION: WARWICK TOWN HALL, KINGS HIGHWAY, WARWICK NY 10990

CERTIFICATE HOLDER WARWICK TOWN HALL KINGS HIGHWAY WARWICK, NY 10990	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPR: _____
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